



## Unopposed Application for Extension of Time to Answer Complaint

Attach this form to the *Application for Extension of Time to Answer Complaint* event.

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### **CASE AND DEADLINE INFORMATION**

Civil Action No.:

Name of party requesting extension:

Is this the first application for extension of time in this case?

Yes

No

If no, please indicate which application this represents:

Second

Third

Other \_\_\_\_\_

Date of Service of Summons:

Number of days requested:            30 days

15 days

Other \_\_\_\_\_ days

New Deadline Date:                    *(Required)*

### **ATTORNEY FILING APPLICATION INFORMATION**

Full Name:

State Bar No.:

Firm Name:

Address:

Phone:

Fax:

Email:

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A certificate of conference does not need to be filed with this unopposed application.